



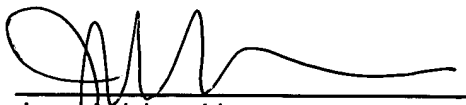
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Docket No. DRF 3.02-052

### CERTIFICATION UNDER 37 CFR 1.10

The undersigned hereby certifies that this correspondence, and all documents referred to as being enclosed herewith, is being deposited with the United States Postal Service on this date November 9, 2006 in an envelope as "Express Mail Post Office to Addressee," Mailing Label Number EV 504212857 US, addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Joan Anisiewski

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Helle WEIBEL, et al.

Application No.: 10/699,043

Group Art Unit: 1614

Filed: October 31, 2003

Examiner: Cook, Rebecca

For: NEW PHARMACEUTICAL COMPOSITION AND THE PROCESS FOR ITS PREPARATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

### TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a

- X Terminal Disclaimer, PTO/SB/26 (1 pg.)
- X Petition for Extension of Time, PTO/SB/22 (1 pg. – in dupl.)
- X Fee Transmittal, PTO/SB/17 (1 pg. – in dupl.)
- X Forms PTO/SB/96 and PTO/SB/80 for Dr. Reddy's Laboratories Ltd. (2 pgs.)
- X Forms PTO/SB/96 and PTO/SB/80 for Dr. Reddy's Laboratories, Inc. (2 pgs.)
- X Amendment and Response (9 pgs.)

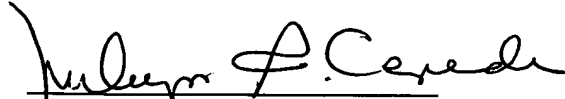
Application No. 10/699,043

X Postcard; and  
X Certificate of Mailing.

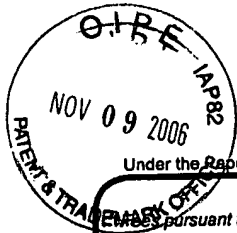
Dated: November 9, 2006

Respectfully submitted,  
Attorney for Applicants

By:



Milagros A. Cepeda  
Reg. No. 33,365  
(908) 203-6505



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130.00**Complete if Known**

Application Number	10/699,043
Filing Date	October 31, 2003
First Named Inventor	Helle WEIBEL, et al.
Examiner Name	Cook, Rebecca
Art Unit	1614
Attorney Docket No.	DRF 3.02-052

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-3221 Deposit Account Name: Dr. Reddy's Laboratories, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

**Fees Paid (\$)**

130.00

**SUBMITTED BY**

Signature	<i>Milagros A. Cepeda</i>	Registration No. (Attorney/Agent) 33,365	Telephone (908) 203-6505
Name (Print/Type)	Milagros A. Cepeda		Date November 8, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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